Applica	(county-assigned application number(s), to be entered by	y County Staff)
	SPECIAL PERMIT/VARIANCE AFFIDA	AVIT
	DATE: 3-10-14 (enter date affidavit is notarized)	124747
I,	Christine A. Kelly, do here (enter name of applicant or authorized agent)	
(check	a cone) [] applicant applicant's authorized agent listed in Par. 1(a) be	low
and tha	at, to the best of my knowledge and belief, the following is true:	
	CONTRACT PURCHASERS, and LESSEES of the land described in foregoing is a TRUSTEE,** each BENEFICIARY of such trust, and a	all ATTORNEYS and REAL
	ESTATE BROKERS, and all AGENTS who have acted on behalf of application: (NOTE: All relationships to the application listed above in BOLD print relationships may be listed together, e.g., Attorney/Agent, Contract P. Owner, etc. For a multiparcel application, list the Tax Map Number(s) the Relationship column.)	nt must be disclosed. Multiple urchaser/Lessee, Applicant/Title
(enter last na	ESTATE BROKERS, and all AGENTS who have acted on behalf of a application: (NOTE: All relationships to the application listed above in BOLD print relationships may be listed together, e.g., Attorney/Agent, Contract P Owner, etc. For a multiparcel application, list the Tax Map Number(s) the Relationship column.) NAME ADDRESS first name, middle initial, and (enter number, street, city, state, and zip code)	nt must be disclosed. Multiple urchaser/Lessee, Applicant/Title
	ESTATE BROKERS, and all AGENTS who have acted on behalf of application: (NOTE: All relationships to the application listed above in BOLD print relationships may be listed together, e.g., Attorney/Agent, Contract P Owner, etc. For a multiparcel application, list the Tax Map Number(s) the Relationship column.) NAME ADDRESS Triest name, middle initial, and (enter number, street, city, state, and zip code) ame)	nt must be disclosed. Multiple urchaser/Lessee, Applicant/Title of the parcel(s) for each owner(s) in RELATIONSHIP(S) (enter applicable relationships listed in BOLD above)
•	ESTATE BROKERS, and all AGENTS who have acted on behalf of application: (NOTE: All relationships to the application listed above in BOLD print relationships may be listed together, e.g., Attorney/Agent, Contract POwner, etc. For a multiparcel application, list the Tax Map Number(s) the Relationship column.) NAME ADDRESS first name, middle initial, and (enter number, street, city, state, and zip code) ame)	nt must be disclosed. Multiple urchaser/Lessee, Applicant/Title of the parcel(s) for each owner(s) in RELATIONSHIP(S) (enter applicable relationships listed in BOLD above) Applicant / Title Owner

WORM SP/VC-1 Updated (7/1/06)

^{*} In the case of a condominium, the title owner, contract purchaser, or lessee of 10% or more of the units in the condominium.

** List as follows: Name of trustee, Trustee for (name of trust, if applicable), for the benefit of: (state name of each beneficiary).

Application No.(s):	
Application No.(s):(county-assigned application number(s), to be entered by County Staff)	Page Two
SPECIAL PERMIT/VARIANCE AFFIDAVIT	1450 1 40
DATE: 3-10-14 (enter date affidavit is notarized)	124747
1(b). The following constitutes a listing*** of the SHAREHOLDERS of all corporations disclosed in a own 10% or more of any class of stock issued by said corporation, and where such corporation has shareholders, a listing of all of the shareholders:	
(NOTE: Include SOLE PROPRIETORSHIPS, LIMITED LIABILITY COMPANIES, and REAL ESTA	TE
INVESTMENT TRUSTS herein.) Craft cd Architecture LLC	
CORPORATION INFORMATION	
NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, city, state, and zip coo	de)
Crafted Andritecture LLG	
2109 Popkino Lane, Alexandia, VA 22307	
DESCRIPTION OF CORPORATION: (check one statement) There are 10 or less shareholders, and all of the shareholders are listed below. There are more than 10 shareholders, and all of the shareholders owning 10% or more of any class of stock issued by said corporation are listed below. There are more than 10 shareholders, but no shareholder owns 10% or more of any class of stock issued by said corporation, and no shareholders are listed below.	
NAMES OF SHAREHOLDERS: (enter first name, middle initial, and last name)	
Chrishnic A. Kelly, HA, shaneholder	
(check if applicable) [] There is more corporation information and Par. 1(b) is continued on a "Special Permit/Variance Attachment 1(b)" form.	ıl
*** All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken until (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders has no sha 10% or more of any class of stock. In the case of an APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or L land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdo partners, of its shareholders as required above, and of beneficiaries of any trusts. Such successive breakdown must also breakdowns of any partnership, corporation, or trust owning 10% or more of the APPLICANT, TITLE OWNER, CON PURCHASER or LESSEE* of the land. Limited liability companies and real estate investment trusts and their equiva	reholder owning ESSEE* of the wn of all of its so include VTRACT

corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed. Use footnote numbers to designate partnerships or corporations, which have further listings on an attachment page, and reference the same footnote numbers on the

attachment page.

Applic	eation No.(s):			
11	· · · · · · · · · · · · · · · · · · ·	(county-assign	ned application number(s), to be entered by County	Staff) Page Three
		SPECIAL	PERMIT/VARIANCE AFFIDAVIT	
		DATE:	3-10-14	124747
		_	3-10-14 (enter date affidavit is notarized)	
1(c).		g constitutes a listing*** sclosed in this affidavit:	of all of the PARTNERS , both GENERAL	and LIMITED, in any
		PA	ARTNERSHIP INFORMATION	
PAR	TNERSHIP NA	AME & ADDRESS: (en	ter complete name, number, street, city, state,	and zip code)
		,	N/A	
(checl	k if applicable)		rtnership has <u>no limited partners</u> .	
		E OF THE PARTNERS General and Limited P	S (enter first name, middle initial, last name, artner)	and title, e.g. General Partner,
		į	U/A	
			1	
(chec	k if applicable)		ership information and Par. 1(c) is continued of tachment to Par. 1(c)" form.	on a "Special
until: 10% o land to partne breake PURC corpor	(a) only individual or more of any class that is a partnershipers, of its shareholdowns of any part CHASER, or LESS trations, with mem	I persons are listed or (b) the s of stock. In the case of an ip, corporation, or trust, such ders as required above, and nership, corporation, or trust SEE* of the land. Limited libers being deemed the equiv	ions, or trusts, to include the names of beneficiaries listing for a corporation having more than 10 share APPLICANT, TITLE OWNER, CONTRACT PUT IN Successive breakdown must include a listing and of beneficiaries of any trusts. Such successive best owning 10% or more of the APPLICANT, TITLE is ability companies and real estate investment trust calent of shareholders; managing members shall be further listings on an attachment page, and referen	cholders has no shareholder owning URCHASER, or LESSEE* of the d further breakdown of all of its eakdown must also include LE OWNER, CONTRACT is and their equivalents are treated as also be listed. Use footnote numbers

attachment page.

Applica	ition N	(coun		IT/VARIANC	be entered by Cou E AFFIDAVIT notarized)	•	Page Four
1(d).		of the following boxes mu	_			6.11	
		In addition to the names liall other individuals who atrust) 10% or more of the the land:	own in the aggre	gate (directly ar	nd as a sharehold	der, partner, and ben	eficiary of a
	M	Other than the names liste (directly and as a shareholowner, CONTRACT	der, partner, and	l beneficiary of	a trust) 10% or 1	ndividual owns in the more of the APPLIC	e aggregate CANT, TITLE
2.	her i	no member of the Fairfax on mediate household owns in a corporation owning st	or has any finan	cial interest in tl	he subject land e	either individually, b	
	EXC	EPT AS FOLLOWS: (N	OTE: If answer	r is none, enter '	"NONE" on the	line below.)	
	None						
	(chec	II / L J			sted and Par. 2 is		
			орестат гении	v arrance Attach	iment to Par. 2"	IOIIII,	

Appli	cation No.(s):	and the state of the state of the Court of t		
	, ,	application number(s), to be entered by County Staff)	Page Five	
	SPECIAL PE	RMIT/VARIANCE AFFIDAVIT		
	DATE:(er	3-10-14 nter date affidavit is notarized)	124747	
3.	That within the twelve-month period prior to the public hearing of this application, no member of the Fairfax County Board of Zoning Appeals, Planning Commission, or any member of his or her immediate household, eit directly or by way of partnership in which any of them is a partner, employee, agent, or attorney, or through a partner of any of them, or through a corporation in which any of them is an officer, director, employee, agent, or attorney or holds 10% or more of the outstanding bonds or shares of stock of a particular class, has, or has had a business or financial relationship, other than any ordinary depositor or customer relationship with or by a retail establishment, public utility, or bank, including any gift or donation having a value of more than \$100, singularl or in the aggregate, with any of those listed in Par. 1 above.			
	EXCEPT AS FOLLOWS: (NOTE: If a	nswer is none, enter "NONE" on line below.)		
		None		
		ps of the type described in this paragraph that aris public hearing must be disclosed prior to the publi		
	, , , , , , , , , , , , , , , , , , , ,	nore disclosures to be listed and Par. 3 is continued on rmit/Variance Attachment to Par. 3" form.	a	
4.	owning 10% or more of the APPLICAN the land have been listed and broken dowill reexamine this affidavit and provide	ffidavit is complete, that all partnerships, corpor T, TITLE OWNER, CONTRACT PURCHASE wn, and that prior to each and every public hear e any changed or supplemental information, included bed in Paragraph 3 above, that arise on or after	R, or LESSEE* of ing on this matter, I uding business or	
WIT	NESS the following signature:	St Oe MA		
	(check one) [] Applica (type or pri	Applicant's Authorized Age Applicant's Age Age Applicant's Age Age Applicant's Age Ap	+	
Subs	cribed and sworn to before me this 10 conty/City of FAIK	lay of Manch 2014, in the State, Court Colonardian	'Comm. of	
	commission expires: 10-31-2017	Notary Public TERRIE M KIM Notary Public Commonwealth of Virginia Reg. # 7297296 My Commission Expires October 31, 2017		

WORM SP/VC-1 Updated (7/1/06)

RECEIVED
Department of Planning & Zoning
MAR 11 2014
MAR 12 2014
Zoning Evaluation Division